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## Original Communications.

Fibrinous Deposit within the Uterus, as a Cause of Post Partum Hemorrhage and Pain.

By W. JOHNSON, M. D.,  
of White House, N. J.

July 9th, 1859.—Mrs. B., pregnant, after very active employment in the forenoon, had the membranes to rupture in the afternoon, without pain. She is within a fortnight of her expected accouchement. The case is *primi para*. I saw her in a couple of hours after the escape of the liquor amnii. Active uterine contractions had now set in. I found the os uteri dilated to the size of half a dollar, and the child's head presenting in the first position of Baudeloque.

Although the pains were very active and recurring every five minutes, it was six hours before the labor terminated. The pains were confined altogether to the fore part of the body. She had no pains in the back. After the expulsion of the child, my hand applied to the mother's abdomen, informed me that there was another child in utero. I applied a couple of ligatures to the cord, and divided it between them. In a few minutes the pains again returned very actively. I ruptured the distended membranes of the second child, and found this also a head presentation. This child was expelled with three or four pains. It was feeble, and there was no pulsation in the cord. Smart aspersion with cold water, caused it to cry lustily. The cord was tied and cut, and the child removed. Both children were females, and of the ordinary size of twins.

The womb was not felt to be contracted after the expulsion of the children; its fundus

was found nearly as high up as the epigastrium. Manipulation over the organ by grasping it, as it were in the hand, aroused it to action, and pulling gently on the cord during the pain, I brought the placenta down into the vagina, and soon finally removed it. Examination of the placenta determined that both cords were inserted into it.

Manipulation over the uterus was again repeated for a few minutes, when I found that the organ was finally contracted. The bandage was now applied, and the patient put into her bed. Nothing unusual transpired for some time, until the patient complained of pain. I gave her a large tea spoonful of camphorated tincture of opium, my favorite prescription in after pains. The dose was repeated. The pain went on increasing in intensity, and recurring every five or six minutes. To the pain was superadded very considerable hemorrhage. I prescribed two or three doses of acetate of lead. The patient obtained no relief, but got very sick and faint. I told her that there was a clot of blood giving her all this trouble, and that I must introduce my hand and remove it. I did so, and found the vagina distended with blood, and I turned out several double handfuls. My hand was now carried on to the uterus. I found the organ well contracted, but containing a quantity of firm fibrinous deposit.

I could introduce but two fingers at a time without doing violence to the mother's structures. I satisfied myself with breaking up the fibrinous deposits, and removing all that I could well do, and clearing out the vagina. "Oh! I am now better," exclaimed my patient. Nothing afterwards occurred to retard her recovery. Mother and children all did well.

*Remarks.*—My object in relating this case is again to call the attention of the profession to the subject of *fibrinous deposit within the uterus as a cause of profuse hemorrhage, and of excruciating after pain*. Dr. Ramsbotham, I believe, has the credit of calling special attention to this condition of the uterus. I have myself in volume 7 of the REPORTER, related a couple of cases of this affection. In one of these I found the womb firmly contracted, and the os so shut up, that I could introduce but two fingers, with which, however, I removed a handful of firm fibrinous deposit. This was done with complete relief to the patient.

I had, however, a case last summer, of which I have taken notes, which would seem to qualify somewhat the views which I have heretofore held on this subject, and show that a large coagulum in the vagina will, sometimes, give rise to all the distressing manifestations—the intense pain and profuse hemorrhage, both of which will cease upon the introduction of the hand and removal of the coagulum. It was the patient's second child. The child was very large. Soon after the patient was put to bed she began to complain of violent after pains, attended with profuse hemorrhage, and strong disposition to syncope. I introduced my hand into the vagina and found so large a quantity of coagulated blood, that I withdrew my hand once or twice to scrape it out. I then passed my hand on to the os uteri and found it so occluded that I could barely pass in a single finger, and the whole organ was also firmly contracted. The patient was immediately relieved by the removal of the coagulum; there was no more hemorrhage, and no more pain.

Now to what cause was this profuse hemorrhage and this agonizing pain owing? Certainly not to any considerable coagulum within the uterus. I believe that it was not present in this case. Will not a large coagulum in the vagina produce a reflex sympathetic action in the uterus in the peculiar condition into which it has been brought by labor? In conclusion, although in the vast majority of cases in which there is firm contraction of the uterus, attended with violent pain and profuse discharge, there is firm fibrinous deposit within

the organ which it is unable to throw off; there may be cases where these manifestations are produced by a coagulum filling up the vagina.

#### Belladonna in Suppressing the Mammary Secretion.

By R. V. WILSON, M. D.,  
of Clearfield, Pa.

*The American Journal of the Medical Sciences*, for July, 1858, contains a report of a case by Geo. McC. Miller, M. D., of Brandywine, Del., in which "with apparent effect," he employed locally, a solution of the extract of belladonna for the suppression and dispersion of the lacteal secretion; and the same journal for July, 1859, contains another case by the same writer, tending to establish his favorable estimate of its value in the treatment of the inflamed breast of the parturient woman.

I am induced to report the following case as strikingly confirmatory of the value of the proposed remedy, and should the experience of the profession establish the opinion I now entertain of its value, much pain will be mitigated, and many an interesting patient escape a disgusting series of poultices and fomentations, as well as the distress and exhaustion of protracted and difficult mammary suppuration.

Mrs. B., aged 43 years, the mother of twelve children, in her first confinement suffered from repeated abscesses of the breast, one of which penetrated the substance of the nipple, by which the mammillary tubes were completely obliterated.

Since then the only outlet for the milk has been by the painful channel of an abscess, and efforts to suppress the secretion of the diseased gland, even when successful, resulted in the arrest of it in both breasts.

Repeatedly, as often as in one half of her confinements, have abscesses formed, and more favorable terminations were purchased by weeks of discomfort and suffering.

In December last, I was consulted with regard to her expected confinement, when she stated her apprehensions concerning her breast, compared with which the prospective

painful and lingering labor, as past experience indicated, was regarded as of secondary importance.

A few days later she went into labor. On the third day the gland swelled moderately, when I directed the application of a solution of extract of belladonna (3ss to f 3i), by means of a camel-hair pencil to the areola of the mamma every fourth hour. On the fourth and fifth days the breast was quite tense and shining, but, under the application, in less than a week, the gland re-acquired its normal size and condition. No auxiliary treatment was adopted.

The function of the other breast was not interrupted. It supplied then and since, for the most part, the necessary nourishment for the child.

Further experience will reject or confirm the claims of the application to the confidence of the profession. In this case it was certainly most successful and satisfactory.

#### Leucorrhœa and Procidentia Uteri.

By J. R. MCCLURG, M. D.,  
of Philadelphia.

If there be any organ of the female system that pre-eminently deserves the appellation of regulator or governor of the mind and health of woman, that organ is unquestionably the uterus. For in every period of her life, from early girlhood to advanced age, we find a reflex action going forth from the uterine organs that operates in an unmistakable manner upon the very mind, health, character and life of woman. The rosy cheek, the bright eye, the light step, the merry voice, and the well developed frame, all speak of health and integrity; while the pale cheek, dull, lifeless eye, the sluggish gait, the planing voice and the undeveloped frame, declare most decidedly, an indolent, impaired or diseased condition of the organs of generation. And probably no single derangement or disease of the female genital apparatus is more prevalent and impairing to the mind and health than leucorrhœa, and its sequent procidentia uteri. I am well aware that physicians often regard leucor-

rœa as of but little consequence, and scarcely worthy medical attention, from the fact that a moderate discharge from the genitalia is compatible with health. But when we find, as is often the case, a very profuse discharge for days, weeks and months, and the whole system sympathetically affected, the patient complaining of languor, debility, a dragging weight in the pelvis, uneasiness, and pain in the back, reflected perhaps in various directions, impaired appetite and digestion, and the whole nervous system weakened or morbidly sensitive; medical treatment is unquestionably demanded, and this treatment must be constitutional as well as local. In the constitutional treatment of this disease, the preparations of iron appear to be of primary importance, and the liquor ferri iodid. in from 10 to 15 drop doses ter diem is a very good remedy; but I have succeeded better with the tinct. of the sesquichloride of iron in from 10 to 30 drop doses 3 times per day. This has proven a most efficient remedy in my hands; so much so, that I never think of resorting to any other, and consequently recommend no other to the profession. In the incipient treatment a full dose of Dover's powder each night at bed time during the first week is of great advantage. My local treatment, which I think fulfills every indication, healing the diseased mucous membrane, contracting and imparting tone to the relaxed and weakened walls of the vagina, and thereby replacing the uterus and supporting it in its normal position—consists of—

R. Potassii iodidum, 3ij.

Iodinum, gr. xxx.

Aquaæ font., Oij.

M.

S. Use as a wash twice per day.

I have found this course invariably to succeed, the cure in many cases being remarkably speedy; and I confidently believe that it will also cure nine out of every ten cases of prolapsus uteri, without the use of that unpleasant instrument, the pessary; the use of which should be dispensed with, for whenever we do resort to it, it is only as a necessary evil.

## Illustrations of Hospital Practice.

### PENNSYLVANIA HOSPITAL.

JULY 9TH.

Service of Dr. Pancoast.

(Reported by Mr. J. B. Hayes.)

Dr. P. announced that the patient, whose arm was amputated on the last clinic day was doing well. There had been some sloughing of the flaps, from the inflamed condition of the hand and forearm.

He had been put on beef tea, milk punch, and anodynes by the mouth and rectum.

*Operation—Amputation of Forearm.*—This patient's hand was crushed between rollers heated by steam. The palmar fascia was detached and the tendons bared.

It was some time before he could be released, and the injury was complicated by the burn.

An attempt to save his hand had been made, but its present condition utterly precluded the possibility of its recovery. Secondary hemorrhage had occurred. Ligatures had been applied, and the precaution taken to keep a tourniquet around the arm. The bones were in a state of caries, and fistulous openings had formed on the back of the hand. There had been erysipelasous inflammation, and he was feeble and anæmic.

Dr. P. was then compelled to resort to amputation of the hand, though it was with great reluctance that he did this, as it was impossible to supply its loss like that of the foot.

The operation here performed was that known as *Teale's*. It had been made by Teale a general operation, but it was one identical in principle with that adopted by Dr. P., and practiced by him for many years upon the forearm and the leg.

Two parallel incisions four inches long were made, one over the radius, the other over the ulna, leaving the radial and ulnar arteries on the inside. A transverse incision over the external aspect of the arm connected the distal ends of the longitudinal incisions, and a rectangular flap was dissected back containing all the structures down to the bone. The internal flap was then made in the same manner, one-fourth the length of the external. The flaps were retracted by a bandage, and the bones divided. The arteries were then carefully ligatured, and the flaps neatly united by the interrupted suture.

There was one advantage in cutting the long flap on the outside. The hand naturally lies in a state of pronation, and the long flap lies loosely over the end of the bones.

Teale insisted on perfect rest for the limb. He did not allow the arm to be lifted up even in dress-

ing it. This Dr. P. believed one of the reasons for the success which Mr. T. affirmed attended his operations.

Dr. P. then adverted to the risks of amputation, and the consequences often following, such as sloughing, angeoleucitis, pyæmia, metastatic abscesses, and inflammation of the interosseous membrane of the arm.

This case also demonstrated the necessity of being provided with two tourniquets. During the operation the webbing of the tourniquet gave way: another was at hand, and was immediately applied.

JULY 13TH.

*Compound Fracture of Skull, with Laceration of Ear, &c.*—This case was exhibited on the last day, and the prognosis pronounced very unfavorable. Dr. P. at that time called the attention of the class to it as interesting more from what had *not* been done than from what had been done.

The patient has since died, and we have been kindly furnished with a report of the case by Dr. Harlan, Resident Physician at the Hospital, which we give below:

Samuel A., admitted to the Pennsylvania Hospital on Friday, July 8th, with a compound fracture of the skull. He was engineer on a steamboat, and was struck by a heavy piece of iron detached and thrown off from the blower, while it was making several thousand revolutions a minute.

The accident occurred about two hours before he reached the hospital. There was a lacerated wound on the left side, extending from the middle of the cheek through the external ear. The zygomatic arch was broken through, the capsular ligament of the condyloid process was exposed to view, and a fracture of the skull could be felt before and above the ear. He was frantic and delirious, but seemed conscious of pain, and screamed and resisted violently when the wound was touched.

He was very restless, called loudly upon his friends by name, and endeavored constantly to rise from bed.

Pupils dilated slightly at the time of his admission, and to a greater extent a few hours after.

A slight depression of the bone was raised, both ends of the temporal artery were secured, and the wound brought together by sutures. 30 drops of black drop were given by injection, and he was strapped in bed. Before the bed-straps were used, it required all the strength of three men to hold him, but he afterwards became more quiet, and resisted only at intervals.

July 9th.—Pupils natural, pulse full, and about 70. He lay pretty quietly, and recognized his friends; asked why he was fastened, and expressed pleasure when the straps were removed; still called

on absent friends by name, and was sometimes restless; towards evening became feverish.

He was ordered arrow root diet; black drop injection was repeated at night, and he was cupped on the back of the neck.

10th.—Not much change; consciousness rather less; still a little feverish; a little beef essence added to diet.

11th.—Very restless and feverish; skin hot and dry; consciousness entirely gone; unable to swallow at noon; pulse feeble and frequent; left pupil dilated, right natural; died at 10 P. M.

*Post-mortem* ten hours after death revealed a comminuted fracture, extending from the glenoid cavity to a point above and a little behind the external meatus; slight fissure also in the petrous portion. Membranes much congested, but brain unusually pale. Left hemisphere very much softened; right slightly so. Pus found under membranes all over the brain. Whole middle lobe of left brain broken down into a jelly-like matter. Pia mater separated, and convolutions unfolded to a remarkable degree.

*Post-mortem Specimens—Bruised Artery, &c.*—A case of shocking railway injury was brought in this morning, from which the patient died in about an hour. There was a compound fracture of the leg and thigh.

This portion of the tibial artery has been removed from the wound and divided longitudinally. The internal coat presents several lacerations; the external is whole. The vitality of the vessel is destroyed; when left to itself it does not roll up or curl upon itself. The tonicity or contractility of an artery is not owing to elasticity, which is a physical property, and does not perish with the life of the tissue.

If an attempt could have been made to save the limb, the injury might have closed the vessel, by a plug of lymph.

The formation of an embole in the blood vessels is attended with danger. Detached and carried into the current of the circulation, they may occlude a blood vessel which will not admit of their passage, and may occasion sudden death in a manner which is otherwise unaccountable.

In one instance a flake of lymph lodging in the inferior cerebellar artery, cut off the supply of blood to that part of the brain, and the patient exhibited the peculiar rotary motion which attends an injury to or abrogation of the function of the cerebellum.

There was also in this case an exostosis of considerable size above the knee.

*Gangrene of Stump Arrested by Actual Cautery.*—The patient whose arm was amputated on the 6th was brought before the class to exhibit the efficacy of a new treatment for traumatic gangrene, which

Dr. P. had adopted in this instance with complete success.

The flaps had early commenced to slough, and the rapid spread of the gangrenous condition had induced him to treat it as a case of hospital gangrene, where the gas, permeating and distending the cellular tissue, rapidly destroys its vitality and even escapes at a puncture made at a distance from the sphacelated portion.

He applied the hot iron to the flaps and entire fossa of the stump, with great relief of the patient's suffering, who bore the operation like a hero, and with entire arrest of the gangrene. Dr. P. had no doubt that this vigorous treatment had saved the patient's life.

*Injury to Foot by Mowing Machine.*—Dr. P. remarked: We are attempting to save a foot almost against all reasonable prospects, the patient declaring he would rather die than lose his leg, and as there is some chance of preserving his foot, we have made the attempt.

The lad is 19 years old. He was injured on Monday day by a mowing machine, two or three knives of which divided the foot half through, cutting away the anterior half of the three cuneiform bones into the anterior surface of the os naviculare and the cuboid bone. He was exhausted by the loss of blood when he first came in.

I removed the os naviculare, taking care to cut round so as to save the insertion of the tibialis posterior tendon. To let the foot come up at rest, I divided the tendo-achillis by subcutaneous section. Without the division of the extensor tendon, it would have been impossible to save the foot.

Lead water and laudanum has been applied. He has taken neutral mixture and morphia, camphor water, and arrow root diet.

*Deformity of Forearm after Fracture.*—This patient's forearm presents a remarkable double angular deformity.

It was a fracture of both bones, occurred sixteen weeks ago; was not compound at first: became so subsequently by abscesses, and was treated out of this house, to which he has resorted to be relieved by an operation.

It was proposed by Dr. P. to perform a resection of the ulna, as in a case successfully treated by him, and published in the REPORTER for May 7th; but after the administration of ether, he succeeded in removing the deformity of the ulna almost entirely by forcibly bending the bone at its feebly united ends, and ordered the arm to be kept in splints, with the view of keeping up forcible compression.

The deformity of the radius was to be remedied either by a subsequent operation, or by the same means employed for the ulna.

*Removal of Fatty Tumor.*—An oblique incision was made through the skin upon a fatty tumor which occupied the region of the deltoid muscle in a female, and the tumor easily detached.

This direction of the incision was chosen to avoid gaping of the wound, and to ensure the least possible deformity from the scar. The wound was closed by sutures.

*Hydrocele—Radical Cure.*—This patient will be treated as I treat all cases of hydrocele—by the iodine injection.

I never had occasion to resort to any other operation, and I prefer the officinal tincture to Lugol's solution. I use a solution of two parts water to one of tincture of iodine.

While proceeding to operate, Dr. P. remarked:—The trocar should be well anointed, as well as the inside of the canula, to prevent the chemical action of the iodine upon the metal, and a long trocar only is fit for the operation. You must also be certain that you do not have hernia, either of the intestine or epiploic, or hydrocele of the cord.

There may be septa confining the fluid in sacs. The trocar is to be pushed through them. Hydrocele of the cord and tunica vaginalis may co-exist. I have cured them both by one operation.

I tap a little below the middle of the tumor, in front, the testicle usually lying behind.

Even this simple puncture is attended with hazard; I have known death to result from it. The excessive pain which the injection of the iodine occasions in this patient is referred to the iliac and hypogastric regions. This is in the course of the genito-crural nerve, which comes off from the second lumbar nerve, and runs to the outside of the tunica vaginalis.

It is not well to insist on the retention of the injection long after this pain is set up.

I prefer a large bulk of the injection, so as to dis-tend the sack. It may be left in from five to ten minutes, according to the age of the patient and the duration of the disease.

After the operation there will be inflammatory œdema of the scrotum; a tumor will be rapidly formed, not of serum, like this, but of the liquor sanguinis. I expect it will gradually subside, not to return.

About a pint of serum was drawn off.

#### DEFERRED CLINICS.

JUNE 4TH.

Service of Dr. Neill.

(Reported by Mr. J. B. Hayes.)

*Bent Clavicle and Fracture of the Humerus.*—There is a fracture of the neck of the humerus, whether of the anatomical neck or surgical, it is not always easy to determine; it often involves a part of both.

In a young person it is an uncommon injury. This boy is 9 years old. In him the diaphysis and epiphysis are not consolidated. The separation sometimes occurs in this line.

The deformity and mobility of the parts were obvious.

*Treatment.*—It will be dressed, as you have seen on former occasions in similar injuries, by an internal angular splint reaching to the axilla, protected by cotton, and externally a hollow paste-board splint, with a cap at its upper extremity.

There is also an injury of the clavicle, of a kind not often seen. There is a marked rounded prominence of the bone in front. There is no mobility, crepitus, or alteration of the relation of the parts by sliding or rotation.

The terms *bent bone*, or *green-stick fracture*, are designative of a certain class of injuries. It may occur with or without partial fracture. Gibson says that it is impossible this should occur without partial fracture; Boyer is equally positive to the reverse. One says that, when straightened, the fracture becomes entire; others, that it is only to be reduced by gradual force.

I think that both are proper terms; that in proportion as the animal matter is greater the bone bends. On the contrary, it is a partial fracture when the bone has become more ossified. When some of the bony fibres have certainly given way, and when straightened forcibly, the remaining fibres give way. This may be absolutely true.

The interstitial effusion may prevent the adaptation of the fragments to their original position. The swelling in a bone partially broken is only on the convex side: when entirely bent, it is all around the bone, and is not easily immediately reduced.

This fracture occurs most frequently in the forearm. I have never seen it before in the clavicle, although 14 cases of it have been reported, and Erichsen mentions this bone first. When occurring in the arm, this deformity gradually disappears when placed in splints.

In the clavicle there is not an opportunity to make gradual compression, and it is hardly worth while to attempt to subject the patient to it. Nature will remove the swelling and straighten the bone sufficiently.

*Compound Fracture of the Thigh.*—This case has been shown several times, presenting various conditions. There is now a prominence on the inside of the thigh, above the knee joint; the skin over it is purpleish and thin. It is a collection of pus, and we shall anticipate the effort of nature to get rid of it by making an opening in advance. A sanious pus flows out; that discharging from the wound is of a better character.

It is better not to press too firmly on the abscess in emptying. This produces an increased effusion of lymph, which is converted into pus.

We have paid heretofore no attention to the position of the limb; now we shall make some effort to get it into a favorable position.

His diet is nutritious—beef tea, &c.

*Hydrocele.*—This patient has applied here numerous times for the palliative treatment. The scrotum has not the usual ovoidal appearance of hydrocele; but the sensation communicated to the finger is evidently that of a fluid.

About a pint of serum was drawn off by the trocar, and the testicle showed some thickening and hardness of the epididymis.

The patient was then discharged.

*Luxation of the Thigh Reduced by Manipulation.*—This patient was just brought in. The accident was occasioned by a brick wall falling on him. One leg he moved voluntarily, the other is rigid.

The line of the femur is thrown outwardly, and the thigh and leg are semi-flexed. He cannot straighten his limb.

In injuries of the hip our first question is, Is it fracture or luxation? There is rigidity here, and the trochanter is sunken in a marked degree. The whole pelvis is moved by taking hold of the limb. It is a luxation.

In every instance of luxation we look for positive signs, general as well as special. We look for rigidity, deformity, and painfulness on attempted motion. The deformity varies with the position of the head of the bone.

As Dr. N. proceeded with the examination of this patient, he remarked: In most cases the dislocation is upwards and backwards, and the foot is turned so decidedly inwards that there is no difficulty in recognizing it; but in this case it turns outwards, as you see.

It turns out in only two dislocations, which more rarely occur—on the pubis, when the limb is greatly everted and flexed, the head of the bone making a marked prominence in the groin, but the head of the femur cannot be felt in that position here; the other occurs with the head of the bone on the thyroid foramen.

The prominence of the head of the femur, often observed in luxation upon the foramen thyroideum, cannot be made out here. The position of the head of the bone in this instance can only be inferred from the peculiar deformity. You observe great elongation, eversion, flexion of thigh and leg, deeply sunken trochanter, the head of the bone not recognized by touch, abduction, and great contraction of the muscles connected with the ischium.

I believe the head of the bone rests in front of the tuberosity of the ischium.

Recently the reduction of dislocations has been made on a new principle, or rather an old principle has been reduced to rules. Dr. Reid, of Rochester, has given admirable directions for reduction of dislocations of the femur upon the dorsum ilii. It is not necessary now to resort to pullies.

This method of manipulation is based upon a knowledge of where the head is. Unless its true position be determined, we cannot act philosophically. It is satisfactory in most instances, though I have known it to fail.

The rent in the capsule is generally on the inner and lower side, and Reid's method consists in making the rent a fulcrum, and the shaft of the femur a lever. The leg is flexed on the thigh, and the thigh is carried over the sound thigh up to the extreme limit of flexion; then by simultaneous and sudden abduction and extension the head of the bone is made to assume a position opposite to the rent in the capsule, where it is drawn in by the muscles. The head is thus made to revolve in a circle from its new position, around the acetabulum, to the point where it came out.

The attempt to reduce it without the administration of ether was unsuccessful, the abductor and rotator muscles being in a state of firm contraction; but when the patient was fully etherized, and Reid's method being then ineffectual, the reduction was easily effected by rotation and adduction. The knees and feet were confined to prevent a recurrence of the accident.

The patient was literally knocked into the middle of next week by the ether! When asked if he knew what day it was, he replied, "Tuesday," and said the accident happened on "Saturday."

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*Convulsive Sneezing.*—An extraordinary case of long-continued sneezing is related in *Virchow's Archives*. A young woman, aged twenty-two, of scrofulous habit, complained simply of ear ache, which increased until she was seized with violent sneezing, which continued with so little interval that she was unable to eat or sleep. The right ear was swollen and tender, and the paroxysms increased by pressure on it. She complained also of pain in the head and in the region of the diaphragm, with nausea and vomiting. In spite of the treatment, the attack continued with little intermission for three days, when it seemed relieved by warm baths, morphia, etc. In a few days the sneezing recurred with the same violence, but yielded again to the warm baths.

The relief seemed connected with the appearance of a discharge from the ear.

## Reviews and Book Notices.

### TRANSACTIONS OF MEDICAL SOCIETIES—

We have always regarded with favor the annual volumes sent out by our State medical societies. Their general tendency we believe is toward the advancement of the profession, for though they may sometimes be made the vehicle for unimportant communications, they more frequently contain essays of real value to the profession. The reports of prevailing diseases which most of them contain are valuable for future reference, and as throwing out hints in respect to modes of practice which will be suggestive to others. All our State societies should publish their transactions in a separate volume, and the system of exchanging volumes of transactions between the different State societies, as recommended at the meeting of the American Medical Association last year, should be carried out.

We have had several volumes of these transactions from different States on hand for some time, awaiting notice.

1. *Transactions of the Medical Society of the State of New York for the year 1859.*—Assembly Document, pp. 454.—The Legislature of New York very properly assumes the expense of publishing the transactions of its State Medical Society. It is money well appropriated, especially when as in the instance before us, a document is sent out which is alike creditable to the profession of the State, and to the Legislature that gives it publicity. The minutes of this meeting were published in full in the *REPORTER* for the 12th of February last, (vol. 1, p. 351.)

The address of the President, on the advantages arising from association, is a well considered and able document, worthy of an extended circulation.

The active pen of Dr. Frank H. Hamilton, of Buffalo, furnishes an article entitled *Prognosis in cases of Fracture of the Neck of the Femur within the Capsule, with especial reference to the question of an Ossific union; to which are added a few remarks on the subject of Treatment.* It having been claimed, and publicly taught, that Sir Astley Cooper maintained the doctrine that fractures of the neck of the thigh-bone were incapable of being repaired by osseous matter, and that in the whole course of his practice he had never met with a single instance of the kind, or heard of any being observed by others, and that when union does take place within the capsular ligament,

it is always by membrane—Dr. Hamilton shows conclusively, by quotations from Cooper's published works, that such was not the fact. In an article in the *London Medical Gazette* for the 25th of April, 1834, he says explicitly: "I deny that I have ever stated the impossibility of ossific union in these cases; on the contrary, I have given the reasons why they may occasionally unite by bone." Sir Astley also, on other occasions, denied having stated the impossibility of ossific union in these cases.<sup>1</sup> It is certainly surprising to what lengths men will go to support a favorite theory!

Dr. Hamilton enumerates the specimens, both in Europe and in this country, which are claimed to be fractures within the capsule united by bone, some of which he reviews at length, and with considerable feeling, though we think he does it with fairness. The differences of opinion on this subject, have given rise to a great deal of feeling, and it would seem to be hard to find a case that is conclusive enough to convince the incredulous on the subject, that bony union may occur in fractures within the capsule. Dr. Hamilton states his "I believe" in regard to fractures within the capsule as follows:

In the testimony on this interesting, but difficult, subject, "we think we see enough to warrant a belief that under certain favorable circumstances bony union may occur, but not enough to establish it beyond all doubt. There are those who feel much more assured, and who are as confident of this fact as that the shaft of the femur will unite by bone. We do not accuse them of credulity, and we invoke for ourselves the same exercise of charity towards our skepticism. We have never yet seen a specimen, which, upon a careful examination, proved satisfactory; but unless our want of conviction can be shown to be the result of a wilful blindness, we shall demand protection against those assaults and insinuations which have so frequently fallen upon those who ventured to doubt the authenticity of every specimen which was laid before them.

In the treatment of cases of this kind, Dr. Hamilton recommends the employment of Gibson's improvement of Hagadorn's apparatus. He says: "How long the patient will submit to this, or to any other mode of securing perfect rest, is very uncertain, and the decision

<sup>1</sup> *Vide* the Lettsomian Lectures on the Physical Constitution, Diseases and Fractures of Bones, by John Bishop, F. R. S. London, 1855. p. 55.

of this question must rest with the individual cases, and the good sense of the surgeon. Not very many old and feeble people will bear such confinement many days, without presenting such palpable signs of failure as to demand their complete abandonment."

This paper, like all Dr. Hamilton's writings, is characterized by vigor of thought and expression, and a familiarity with the literature of his subject, which is essential to an intelligent canvassing of the varied opinions of well informed writers and observers of this form of injury.

The next paper is by Dr. John Swinburne, of Albany, on the *Treatment of Fractures of the Femur by Simple Extension*. Dr. Swinburne's plan dispenses with splints, and substitutes a broad, well-padded perineal belt, adjusted as in all cases where it is indicated, with the exception that instead of being fastened to a splint, it is secured to the head of the bedstead. Extension is obtained by means of adhesive strips secured to the leg and forming a loop under the sole of the foot. A strong cord is passed through the loop of plasters, and secured to the foot of the bedstead. This method of securing a fractured limb leaves the seat of fracture free for the unembarrassed application of such dressings as may be needed—a desideratum certainly, especially in cases of compound fracture. By this method Dr. Swinburne has treated twenty-five cases, ten of which were hospital, and fifteen were private patients. A number of the fractures were intra-capsular. A record of the ten hospital cases is given. Dr. S. says that in but one of these was there visible shortening, nor was there any distortion of the thigh; no eversion or inversion of the foot. The average period of time during which extension was maintained was five weeks; and in the majority of cases union was tolerably firm at the expiration of three to four weeks, varying according to the age of the patient and the nature of the injury.

(To be continued.)

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*Very thin perforated Elastic Tubes* are extensively used in England and France instead of tents of lint, sponge, etc. They keep the orifice in an abscess open, and effect its complete drainage. They are readily introduced, and produce no irritation.]

## Editorial.

### MEDICAL SERVICE IN THE FRENCH ARMY IN ITALY.

In the *REPORTER* for July 9th, we published a notice from an English medical periodical that medical aid was wanted in the French army in Italy. This has led to inquiries from several quarters as to the proper mode of making application for enlistment in the French army. In order to obtain reliable information on the subject, we addressed a note to the French Minister at Washington, who has politely responded to this effect:

The French Legation at Washington has received no communication from the French government, which would lead him to suppose that it has any need of medical men. In all cases the necessary requirements for the position of a surgeon in the French army are, to be a Frenchman and a graduate in medicine, ("d'être français et docteur en médecine.")

It would appear, therefore, that whatever may be the wants of the army in Italy in this respect, the supply must be drawn from France. We should, however, think it very probable that well qualified and energetic surgeons, if on, or near the field of battle might find employment, particularly if the struggle should prove to be a protracted one. The numbers engaged, on both sides, are very large, and will be much larger still, if hostilities continue. It is said also that the new projectiles used, cause a greater proportion of serious and complicated wounds, than those used in former wars, and that the labor and skill of the surgeon are, in consequence, much more needed now than formerly.

### THE NATIONAL DENTAL CONVENTION.

A Convention of Dentists is appointed to convene at Niagara Falls on the 2d of August, for the purpose of forming a National Association. The choice of a place of meeting is certainly remarkable, and does not, in our view, augur well for the permanence of any

organization that might result from the meeting; certainly not, if the same judgment that selected the place of meeting, should guide the councils of the convention.

But, as if to cast ridicule on the whole scheme, a zealous member, who announces himself as a delegate from the Mississippi Valley Dental Association, has, it seems, written to M. Blondin, the tight-rope dancer, requesting him to add to the natural grandeur of the scenery—which he is fearful would not be sufficient to attract a large attendance—by giving an exhibition of his daring exploits on the tight-rope over the boiling and eddying current immediately below the falls. We should be sorry to suppose that all this was necessary to induce an attendance of the dentists of the United States on so important a convention as the one proposed, and trust that its management will fall into more judicious hands.

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*The Medical Department of Pennsylvania College.*—We have received the announcement of the course of lectures in this institution for 1859–60. The change in the faculty caused by the resignation of the old faculty, and the election of that of the Philadelphia College of Medicine to fill the vacancies thus occasioned, virtually uniting the two institutions, has been already announced in our pages. The present faculty is composed of active, energetic young men, capable of maintaining the high rank that this institution has so long held, and we heartily commend it to attention of our readers and bespeak for it a fair share of patronage.

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### Correspondence.

YAZOO CITY, Miss., July 11th, 1859.

*Editors Medical and Surgical Reporter:*

GENTLEMEN—Allow me to say through the pages of the “*REPORTER*” that I am highly gratified to learn of the intended republication in this country of “*Caloric*,” by Dr. Samuel L. Metcalfe. Why the book has not ere this reached a second edition is a wonder to me. My attention was first called to it by an allu-

sion in the “*North American Medico-Chirurgical Review*,” near a year ago. I immediately procured a copy through Messrs. S. S. & W. Wood, of New York, have read it and re-read it, and prize it above any book in my library. I would not exchange it for its weight in gold. No gentleman’s library, much less a physician’s, ought to be without it. In speaking of the book we should give its title in full, “*Caloric, its Mechanical, Chemical and Vital Agencies in the Phenomena of Nature*.” If I were asked why the book has not attracted more attention during the fifteen years it has been before the public, I should answer that it is too replete with common sense and philosophy to suit an age in which a great appetite still exists for mysteries. I feel confident, however, that the time will come when the work will be regarded as the master production of the most original and philosophic thinker that has ever lived. Should this meet the eye of any of the many friends I have, I hope they will not fail to procure the book, if they have not already done so.

One word more. Will not some friend of the lamented Metcalfe furnish his biography?

HUMPHREY PEAKE, M. D.

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### Periscope.

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#### FOREIGN.

From the German by L. ELSBERG, M. D., of N. Y.

*Staphyloma Posterius.*—In the year 1816 Scarpa published an account of an abnormal prominence on the ball of the eye, found by him in two subjects of dissection, analogous to *staphyloma*, “a name given to different tumors of the anterior surface of the globe of the eye,” only that it was *posteriorly*. His were, as far as known, the first observations on record. He faithfully described what he found, and named the tumor accordingly. From that time to the present, posterior staphyloma was an anomaly which only a post-mortem examination might occasionally disclose, until the invention of the ophthalmoscope made it possible to demonstrate its frequent occurrence and its true relations. A knowledge of the disease must now be considered of very great importance to all physicians, since every one, without being a special ophthalmist, may be called upon to give advice to short-sighted persons, who almost exclusively are liable to it. *First*, its anatomy;

*secondly*, its symptomatology ; *thirdly*, its etiology, with its relative occurrence and nature ; and *lastly*, its treatment, are in the following report successively considered. For our information we are entirely indebted to *Geissler's review* (*Schmidt's Jahrb. 1859*, vol. 101, p. 84) of *Noizet, staphyl. posterius, Gaz. Hebdom.*, V. 17, 21, 23, 27. 1858.

*I. Pathological Anatomy—Shape of the Eye.*—The antero-posterior diameter of the eye is always increased, becoming 28-32 mmtr. (1.1024—1.26 English inches,) thus exceeding the normal length by  $\frac{1}{5}$ — $\frac{35}{100}$  of an inch, giving to the eye a more or less elongated egg-shaped, and sometimes pear-shaped form.

The *staphylomatous prominence* is most frequently single, and is located at the outer side of the optic nerve, with its centre corresponding to the place of the macula lutea. The optic nerve is sometimes compressed or pushed inward. It has been found atrophied, and once, by *Von Ammon*, even separated from its sheath before the latter joined the sclerotic, so that a small space existed between sheath and nerve. The staphylome may also be *double*, in which case the prominence at the inner side is however, considerably smaller than at the outer. *Hasner* found, in one instance, the projection involving the whole of the posterior half of the globe, the insertion of the optic nerve being stalk-like.

The color of the tumor is the bluer the further the affection has progressed. The blue coloration is not caused by the choroid shining through, nor by a varicose condition, but is simply due to a dim medium (i. e. the thin sclerotic) stretched over a dark back ground, whereby the blue rays are reflected while the yellow and red are transmitted. Hence the sclerotic, cut out at the staphylomatous place, looks yellowish-red before a light back ground. The law here involved was laid down, according to *Noizet*, by *Leonardo da Vinci*, already. The sclerotic is at the projected places, but very little consistent, as thin as tissue paper, and stretched even to bursting, like a hydatid membrane. Under the finger the sensation of a filled bladder is sometimes conveyed. (As complications, *hydropthalmia, cuticular obscuration, enlargement of the anterior chamber, corneal affections, &c.*, may also be met with in the staphylomatous eye, the pathological anatomy of which complications is of course excluded from our present report.)

A section of the bulb reveals, at the circumference of the place of entrance of the

optic nerve, a characteristic white speck of pearly lustre, occasionally, though but very seldom, with a dirty yellowish tint. This speck corresponds to the sclerotic or its projections. In the beginning of the disease the white speck has the form of a half moon, the concavity of which accurately surrounds the outer half of the circumference of the papilla. The pearly lustre distinguishes it perfectly from the yellowish red look of the papilla. As the disease progresses, the border of the convexity of the half moon shows less distinctly ; sometimes it is irregularly notched. When progressed to a high degree already, the white speck will have considerably extended, with its convex boundary very irregular, and on the inner side of the papilla there will then almost always be observed a similar but much smaller semilunar speck, so that the nerve is then entirely surrounded. An analogous change in the periphery of the macula lutea may, at this high point of the development of the disease, also be detected. The appearance of the white speck is produced by the more or less intimate union of the membranes of the eye, which are attenuated and transparent. If the point of prominence corresponds to the macula lutea, a white stripe, seen from within, may be observed extending over a rather limited part of the bottom of the eye, while the rest of the inner surface of the staphylome is but little distinguished from the normal color of the floor of the eye, *provided* that the color has not changed by secondary inflammation of the choroid.

As to the changes of the individual membranes specially. *a.* The *sclerotic* is in all cases posteriorly extended, softened, thinned, and rendered transparent, in proportion to the size of the prominence, it having already been observed to have lost more than two thirds of its normal thickness, and to be so much stretched as almost alone to form the covering of the tumor. Its fibrous structure is, at the same time, always preserved. The thinning is greatest in the middle, corresponding to the macula lutea, and gradually decreases towards the limits of the tumor, beyond these limits the sclerotic being of normal thickness. At the place where the white speck is visible, the sclerotic is firmly adherent to the choroid, but at all other places, even within the staphylome, they can be easily separated.

Normally, the sclerotic is pierced by a very small branch of the posterior ciliary artery, which lies next to the optic nerve, in a horizontal direction towards the nasal side, and a much larger one lying on the outer side of the nerve

towards the macula lutea, somewhat below the former. These vessels divide either immediately before or during their entrance, and with their branches, circularly surround the insertion of the optic nerve, and twigs of this arterial circle pierce the body of the nerve.

Now, in posterior staphyloma, the outer side of this arterial circle is more developed, the larger of the two branches of the post. cil. art. going to the sclerotic, is thicker, and the diameter of its bifurcation enlarged, so that it lies further away from the optic nerve.

*b.* The *choroid* also is stretched and thinned, and on the level of the white speck it has entirely lost its pigment. Often even it is more or less discolored over the whole extent of the staphyloma. The discoloration commences with a softening of the superficial pigmentary layer, and ends at the white speck with the disappearance of the inter-vascular pigment; until the latter occurs, the vessels are bare, but are laterally still surrounded with interstitial pigment. At the white speck the choroid and the sclerotic are so intimately united that it becomes difficult to determine the anatomical character of the first. Its vessels also often disappear, and indeed many ophthalmists believe that all the elements of a membrana choriodea are lost. Beyond the staphyloma the choroid is normal. No plastic exudation between the two membranes has ever yet been noticed. The ciliary vessels are sometimes entirely obliterated, the ciliary nerves thinner than usual. In cases very far progressed, anomalous accumulations of black points or plaques have been found forming at the borders of the white speck, answering to newly-developed pigment.

*c.* The *retina* is usually preserved perfectly intact, even over the white spot which shines through its more or less transparent tissue. In worse cases, the constituents of the retina have been found less coherent, even at some points thinned, and at others by accumulated granulations thickened. The vessels remain unchanged, and the retina is easily detached from the choroid. The macula appears somewhat removed from the papilla on account of the distension of the retina. Only in very extreme cases fibro-plastic elements take the place of the retinal, glueing this membrane also to the white speck, and destroying all traces of the macula lutea and the foramen cœcum. But in such cases evidences of an exudative retinitis are found, as well as sometimes (as by *Jacobson, f. i.*) a subretinal hy-

dro-effusion, all of which must, however, be regarded only as secondary phenomena.

The *vitreous humor* is in the majority of cases entirely or in part more liquid than in the normal condition. This increased liquidity begins posteriorly, and progresses forwards. Only a small portion, in the neighborhood of the ciliary body, remains usually of normal consistence.

The *crystalline lens* is, when the disease is well developed, obscured in its posterior cortical substance. The ancients were aware that posterior cortical cataract is usually connected with greater liquidity of the vitreous humor and amblyopia. The impairment of nutrition of the eye therefore evidently proceeds from behind forwards. When the whole lens is obscured, a small, hard cataract is found. It is, however, of course understood that these cataracts may also occur unconnected with posterior staphyloma.

The muscles of the eye, especially the rectus internus and obliqu. infer., as also the ciliary muscle, *Arts* has found thickened.

The *Symptomatology of Posterior Staphyloma* claims our attention next.

(To be continued next week.)

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In the treatment of dysentery M. Clerc, of Tours, finds that the application of plasters of belladonna or stramonium, applied above the pubes, and renewed every day, very quickly relieve the tenesmus and shorten the progress of the disease. He combats the diarrhoea by nitrate of silver lavements and pill of opium, and nitrate of silver and rhatany extract.—*Med. Times and Gaz.*

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*Anæsthesia by Congelation.*—Dr. Arnott says in the *Medical Times and Gazette*, “It is stated as a defect of congelation that the tissues are hardened by it. If the surgeon wishes to dissect a part without embarrassment from hemorrhage, he must cut while it is frozen and must give his knife a little more pressure than usual; but if he has no such wish, he can wait until the tissues have thawed, as the part does not regain its sensibility for several minutes afterwards. The duration of the insensibility is generally proportionate to the duration of the previous congelation.”

The objection to congelation in the deeper operations, on account of the insensibility produced being only superficial, may, I think, be greatly removed by combining pressure with it. This not only allows the cold to penetrate

deeper by arresting the circulation, but equal and strong pressure probably itself possesses some auxiliary anaesthetic effect. I have no doubt that an arm or leg, particularly when attenuated by disease, might thus be completely rendered insensible in amputation."

*Guaco as a Remedy in Specific Poisoning.*

—Dr. Parola gives an account, in the *Omodei Annali*, of some experiments with guaco, which, in South America, has obtained great celebrity in the treatment of serpent bites, in the form of decoction of the leaves. Dr. Parola's experiments would seem to show that it is capable of effectually preventing the inoculability of syphilitic virus when mixed with it, that it promptly arrests gonorrhœa, and promotes the cleansing and healing of venereal ulcers. He proposes its employment in other diseases depending on a specific virus, as malignant pustule, and analogous affections, malignant dysentery, purulent ophthalmia, hospital gangrene, &c.

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AMERICAN.

*The Influence of Tobacco and other Narcotics in Producing Amaurosis and Epilepsy.* Dr. Brinsmade, late President of the New York State Medical Society, stated in his address before that body that three-fourths of the cases of amaurosis that are upon his record, have happened in those who have been in the habit of the excessive use of tobacco. And, seven-eighths of the cases of epilepsy in adults (exclusive of puerperal convulsions, and those connected with injuries to the head,) have occurred for the first time in those who have been in the habitual use of some alcoholic stimulant or narcotic, as ardent spirits, opium or tobacco.

*Expansive Force of Slow Oxydation of Iron.*—At a late meeting of the Manchester Philosophical Society, says the *Scientific American*, H. M. Ormerod produced two specimens of iron used in buildings which have become so oxydized as to injure the structures in which they had been used. An iron cramp taken from a buttress of the Manchester Parish Church had become treble its own thickness by rust and had thus split the building in the centre, and lifted about twelve feet of the wall. It was inserted about ninety years ago. The other piece of iron was a

small wedge taken from the steeple of St. Mary's Church; it was three-eighths of an inch thick originally, but had increased to seven-eighths of an inch with the rust. There were several wedges used, and these had lifted the stones which they were meant to keep in their places, and some of them had even been split by the slow but certain force of rust expansion. The steeple was erected in 1756, and the upper part had become so ruinous by these wedges that it had to be taken down pursuant to a notice given by the city surveyor.

*Sleep of Plants.*—Plants sleep as well as animals; the attitude that some of these assume on the approach of night, says the *Scientific American*, is extremely interesting to those who delight to study the beautiful phenomena of vegetable life. Some plants exhibit signs of sleep more marked than others. The leaves of clover, lucerne, and other plants close as the sun approaches the horizon; and in the honey locust this characteristic is particularly striking and beautiful. The delicately formed leaves close in pairs at nightfall, and remain so until the rising of the sun in the morning, when they gradually expand to their fullest extent. It is in common garden chickweed (*stellaria media*) that the most perfect exemplification of the conjugal love and parental care of plants is observed. At the approach of night the leaves of this delicate plant, which are in pairs, begin to close towards each other, and when the sleeping attitude is completed these folded leaves embrace in their upper surfaces the rudiments of the young shoots; and the uppermost pair (but one) at the end of the stalk are furnished with longer leaved stalks than the others, so that they can close upon the terminating pair and protect the end of the shoot.

*Cream as a Substitute for Cod-Liver Oil.* The *N. A. Medical Reporter* says, "Prof. Clark, of New York, who is a most thorough pathologist, recommends the use of pure sweet cream as a nutritious article in consumption. He informs us that he has used it for some years in this disease, with very gratifying results. We now have a patient under treatment, with consumption, who is taking the cream instead of cod liver oil, according to the advice and counsel of Dr. Clark, and the cream has had better effect than the cod-liver oil."

*Husband's Magnesia.*—P. B. Wilson, of Philadelphia, says, in the *Druggists' Circular*, I have made a careful quantitative analysis of Husband's "Celebrated" Calcined Magnesia, at Dr. F. A. Gent's chemical laboratory, and am very sorry to say it is very little better than the Commercial Calcined Magnesia sold for one-tenth of the price. It is undoubtedly not so pure as represented by the proprietor. The following are the results:

Magnesia,	84.38 per cent.
Carbonate of Magnesia,	9.41 "
Water,	3.47 "
Carbonate of Lime,	.05 "
Sulphate of Soda,	.88 "
Alumina,	.85 "
(Iron, a trace).	
	—
	99.04

*Opium Gathering in Bithynia.*—The green capsules of the poppy (we copy from the *Druggists' Circular*) are almost round and have a diameter of 10 to 12 centimetres. Women were occupied making irregular, circular incisions, from which the milk exuded in drops that soon coagulated and fell off. Experience has taught them not to cut deeper than to about half the thickness of the covering, since the cells containing the milk are nearer the periphery, and deeper incisions would cause the juice to empty into the inner capsule. The incisions are made by means of a common knife with a very sharp point. They commence their work as soon as the warmth of the sun has removed the night-dew from the fruits. About noon this work is stopped; the juice then becoming dry enough during the afternoon to resist the evening and night-dews. The women then collect the hardened gum from the capsules into a vessel fastened before their breasts; the instrument used is the same knife. This being completed they spit (sic!) on the juice to impart to it the necessary moisture and form it into an even mass from which the opium cakes are formed. Each cake is wrapped in two leaves of the poppy, and placed on a board in an airy room for the purpose of drying. This is the Opium Constantinopolitanum of the European trade.

*Chloroform.*—A writer in the *Household Words* gives the following description of the discovery of the powerful anaesthetic properties of chloroform:

To Professor Simpson, of Edinburgh, belongs

the distinguished credit of introducing chloroform, which has nearly superseded all other anaesthetics. Possessed with the notion that something better than ether existed in the chemical world, the professor set about deliberately to examine any volatile substance which afforded a promise of revealing the required properties. Various gases and liquids were experimented upon; and at last chloroform—a ponderous liquid which provoked no great expectations, and only known as a chemical curiosity in the laboratory—was brought to the trial. Doctor Simpson, with his two assistants, sat down late one night, after an arduous day's toil, and, when most physicians, as well as patients were wrapped in sleep, began to inhale various substances which had been collected. A small bottle of chloroform had been raked up out of some obscure corner, and was to take its turn with the rest. Each experimenter provided himself with a tumbler or finger-glass, a portion of each selected fluid was poured into the bottom of it, and the glass was placed over warm water to favor evolution of vapor. Holding the mouth and nostrils over the vessel, these votaries of science courageously explored this *terra incognita* by inhaling one vapor after another. At last each charged his tumbler from the small bottle of chloroform, "when immediately," says Professor Miller, "an unwonted hilarity seized the party; they became bright-eyed and very happy, and conversed with such intelligence, as more than usually charmed other listeners who were not taking part in the proceedings. But suddenly there was a talk of sounds being heard like those of a cotton-mill, louder and louder; a moment more, then all was quiet, and then—crash."

"On awaking, Doctor Simpson's first perception was mental: 'This is far stronger and better than ether,' he said to himself. His second was to note that he was prostrate on the floor, and that his friends were confused and alarmed. Hearing a noise, he turned round, and saw his assistant, Doctor Duncan, beneath a chair, his jaw dropped, his eyes staring, and his head half bent under him; quite unconscious, and snoring in a determined and alarming manner. More noise still, and much motion, and then his eyes overtook Doctor Keith's feet and legs making valorous efforts to overturn the table, or more probably to annihilate everything that was on it.

"All speedily regained their senses, and from that day, or rather from the middle of

that night, dates the discovery of the marvelous properties of chloroform."

*The Secret Medical Society.*—We copy the following from a communication in the *Semi Monthly Medical News*, Louisville :

" It seems that many years ago a number of physicians in the city of New York formed themselves into a Society under the name of the Kappa Lambda Society of Hippocrates, ostensibly associated for social and scientific purposes, but really for the promotion of the personal interests of its members, by means of the concerted and furtive action of the body. For a while the Society itself became a secret as were its plans and agencies, but intruded itself into respectable professional company a year ago by sending a delegate to the American Medical Association at its meeting in Washington. This impertinence provoked an exposure in the republication of the report just referred to, which was originally made by a committee of the Medical Society of the County and City of New York, and approved by that body of some three hundred physicians.

The report shows that the Kappa Lambda Society is a veritable *conspiracy*, detestable in its purposes, and unprincipled and base in its modes of accomplishing them.

The presence of this latent, corrupt and corrupting influence in the bosom of the medical community of New York will go far to explain the inferior position and character which that body of physicians, with an abundance of individual merit among them, has maintained, compared with their brethren of Boston or Philadelphia.

The comparative failure of institutions for medical education there—the perpetual intrigues that agitate and distract the medical public—the flagrant dorelictions of its members that go unwhipt of justice—the inexplicable and harlequin appearance of professional success and reputation in that city—all these things that have been observed among New York physicians, with equal surprise and regret on the part of their medical brethren elsewhere, may be accounted for by the pernicious operations of this clandestine association.

Let us hope that the comment of one who appears to have investigated the subject, with a proper appreciation of its mischievous tendencies and effects, is well founded—at least, so far as it relates to our own community, 'it is found no where but among medical men, and only in New York.'

## Medical News.

*A New Chloroform Inhaler*, invented by Mr. Todd, has been received with favor in England.

It has been used by Mr. Dixon at the Ophthalmic Hospital. It consists of a nose-piece and perforated cylinder of metal, having within it a piston, the rod of which is hollow. Through the hollow rod the chloroform is poured on a sponge, which is fastened to the piston within the cylinder.

By elevating and depressing the piston the sponge and chloroform are carried nearer or farther from the patient's nostrils.

*Mr. D. Napier, a Distinguished Engineer*, proposes to prevent the river Thames being the receptacle for all the filth of London by a simple plan of mooring iron barges at the mouths of sewers, into which the filth would pour. These, when filled, would be removed by steam-tugs to a proper place for deposit. Air-tight compartments would make the barges buoyant, so that they could be emptied by opening traps in their bottoms. To preserve the sewerage for manuring purposes, he proposes that the barges be grounded on stages at high water, so that carts could pass under them at low water and receive their contents, to be distributed over the fields. During heavy rains, the excess of water from the sewers would necessarily be allowed to overflow the barges, which might be done without great detriment. It is believed that the system would pecuniarily prove self-supporting.

*The Earth and its Inhabitants.*—If we suppose the world to have existed 6,000 years, and each generation of its inhabitants passes away in thirty years, and numbers one thousand millions, and that four individuals may stand on one square yard, we will find that the whole number will not occupy a compass so great as one-fourth the extent of England. One hundred and twenty-seven miles square will be found sufficient to contain the almost inconceivable number of two hundred thousand millions of human beings, which vast number rather outnumbers the seconds of time that have passed since creation.

*A Statue of Jenner*, cast in bronze, has been set up temporarily opposite the river front of the Louvre, Paris.

*Baudens says that Chloroform was administered* in thirty thousand cases in the French army in the Crimea without any fatal accident from it. In the English army only one death is attributed to it.

*There are six thousand Physicians in the State of New York.*

*Sir David Brewster*, who is now one of the most eminent men living, has reached his seventy-eighth year. He still continues his active scientific researches, and is a regular contributor to the scientific journals.

Important papers are expected from him on the stereoscope at the next meeting of the British Scientific Association.

He is, besides, a christian and a philanthropist, and his talents and energies have been devoted to the means of alleviating the miseries and increasing the material comforts of the humbler classes.

*Humboldt's Library.*—Mr. Wright, American Ambassador at the Court of Berlin, has offered 50,000 thalers for the library left by Alexander Von Humboldt.

*The City Hospital of Chicago* is completed, and is to be opened for the reception of patients, and for clinical instruction.

The medical Board consists of: *Physicians*, Drs. D. Laskie Miller, Joseph K. Ross, Samuel C. Blake. *Surgeons*, Drs. Daniel Brainard, Geo. K. Amerman, Geo. Schloetzer.

*Dr. Grover, of Monee, Illinois*, has obtained a patent for an abdominal supporter, to take the place of the ordinary bandage or binder applied after delivery.

*The New Poison* recently brought from the interior of China, to which was attributed remarkable tonic properties, has been examined by Dr. Christison, who states that it is a species of aconite.

*Tracheotomy* has been successfully performed for asphyxia and apparent death from chloroform, by Langenbeck, of Berlin.

*A Profitable Dinner.*—The *Medical Times and Gazette* says that the Royal Free Hospital has netted about ten thousand dollars by its annual dinner this year.

*The Iron Thread* is coming into extensive use, and is believed by many surgeons to be as efficient, if not superior to the silver suture. Dr. Simpson, of Edinburgh, whose operations for vesico-vaginal fistula have been very successful, always uses the common annealed iron wire, gauge No. 32. In his recent cases he has dispensed with all buttons, clamps or splints, simply twisting the wire, and all of these cases have been successful.

*The Ecraseur.*—The *Lancet* says "the ecraseur has become almost obsolete in London hospital practice. We have ever looked upon its use as an unsurgical proceeding. Like every other novelty, it has had its trial, and it will soon be altogether laid aside, unless in some very exceptional surgical maladies, in which the risk of hemorrhage may again require its aid."

A writer in the *Dental Register* suggest that the Grand Duke of Tuscany be invited to preside over the "National Association of Dentists."

*The Florence Nightingale* has been adopted as the name of the new floating hospital for yellow and ship fever patients in the New York Bay. This is an improvement on the former name of the vessel, the *Falcon*. Dr. Elisha Harris, formerly Quarantine Physician, has been appointed to the medical charge of the floating hospital.

Dr. John Bell has been appointed by the Board of Health, Physician to the Charity Hospital of this city.

We see it stated that Dr. James Bryan, of this city, has been appointed Professor of Anatomy in the New York Medical College.

TO CORRESPONDENTS.—*Drs. S., Berkeley Co., Va., M. & B. of Penna.*, and others, are referred to the editorial department of this week's number of the *REPORTER* for the information they seek.

#### MARRIAGES.

**SPRATT—DEWHURST.**—On the 6th of July, by Rev. John P. Hall, George Spratt, M. D., of Great Valley, Chester Co., Pa., to Mrs. Hannah Dewhurst, of this city.

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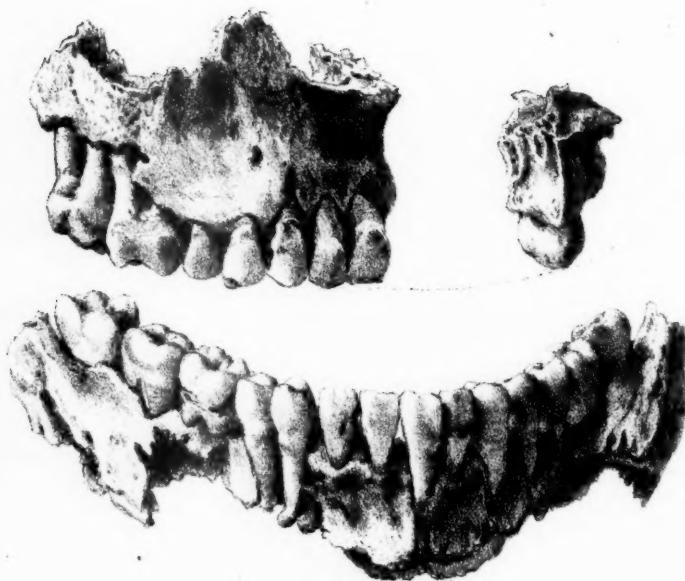
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**OPERATION FOR UPPER AND LOWER JAW FOR NECROSIS,**

**By G. GRANT, M. D.,**

**Newark, N. J.**



**PORTIONS OF THE UPPER AND LOWER JAW REMOVED.**

APPEARANCE OF PATIENT AFTER THE OPERATION.

